

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

19 CV 5450

Jason Mason
349-18-05274

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York

C.D. Mayo 14200

C.D. White

C.D. Holland 18647

C.D. Ramirez 12809

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Jason Mason

ID # 349-18-05274

Current Institution North Infirmary Command

Address 1500 Hazen Street East Elmhurst
Queens N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Mayo Shield # 14203
 Where Currently Employed Rikers Island G.R.V.C
 Address 09-09 Hazen Street East
Elmhurst N.Y 11370 Queens

Defendant No. 2

Name White Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3

Name Holland Shield # 18647
 Where Currently Employed Rikers Island G.R.V.C
 Address 09-09 Hazen Street East
Elmhurst N.Y 11370 Queens

Defendant No. 4

Name Ramirez Shield # 12829
 Where Currently Employed Rikers Island G.R.V.C
 Address 09-09 Hazen Street East
Elmhurst N.Y 11370 Queens

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? George R. Verno Center 09-09 Hazen Street East Elmhurst 11370 NY
- B. Where in the institution did the events giving rise to your claim(s) occur? R.H.U. top rear shower in front of five and seven shower
- C. What date and approximate time did the events giving rise to your claim(s) occur? April 18, 2018 9:50

Was
injured
in jail?

Was the
injury
caused?

Was
injury
caused
in jail?

Was the
injury
caused
in jail?

D. Facts: On April 18, 2018 Jason Mason of Rivers Island C.C.V.C. Box R.H.V. was Evil and cruel and maliciously and sadistically I was inside five shower 13 B top floor waiting to be rear handcuff to be brought back to my cell which was 25 cell C.O. Mayo # 14202 C.O. White C.O. Holland 18647 C.O. Ramirez 12829. I ask why is it four officer to get me C.O. Mayo said I will see I gave them my hand to rear cuff me C.O. open the shower pen five C.O. White held my left hand as he bend my left wrist into the cuff. C.O. Mayo throw me on the floor C.O. Mayo had top right of my body. C.O. White had the top left of my body C.O. Holland and C.O. Ramirez had my legs. C.O. White punch me on the left of my face five times with a close fist. As I turn my face to the right side up to protect my left side of my face getting punch more. C.O. Mayo punch me eight times with a close tight fist to my right eye causing me to see a flashing light and to start bleeding down my right eyelid now the team was here to bring me to the clinic area

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Right orbital contusion
laceration right upper eyelid three stitches to
right upper eyelid repaired Right upper
eyelid Left wrist sprain

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
George R. Verno Center 09-09 hazen street East
Elmhurst Queens NY 11370 Rikers Island 13 B Box

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?
 Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?
 Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?
 Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
 Yes ☐ No ☒

If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? Evil and cruel
maliciously and sadistically

2. What was the result, if any? Do Not Know

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and the i r response, if any:

D. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Compensatory damages may include pain and suffering damages which try to compensate me financially for the physical pain and suffering that I endured as a result of the wrongful conduct. 2 million dollars punitive damages the defendant acted with evil and intent reckless violation of my right Amendment free from cruel and unusual punishment. Two millions dollars



VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or index number _____

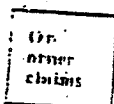
4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____



C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☐ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of June, 2019

Signature of Plaintiff

Jason mason

Inmate Number

349-18-05274

Institution Address

NORTH infirmary
commanant 1500 hagen
street East Elmhurst
queens N.Y 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 7 day of June, 2019, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

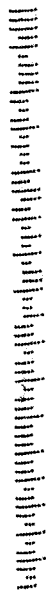
Jason mason

JASON MASON
349-18-05274
1500 Hazen St
East Elmhurst
Queens NY 11370

USMP3
SDNY

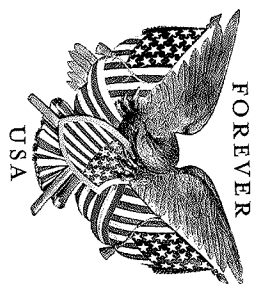
southern district of New York
United States District Court
Pro Se Intake Unit Room 230
500 Pearl Street New York 10007

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